WEST SUFFOLK COUNTY COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1931.

J. F. DAVIDSON, M.B., Ch.B., D.P.H.,
County Medical Officer.

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56, Westgate Street,

Bury St. Edmund's.

To the Chairman and Members of the Public Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the Health of the County for 1931.

As I assumed my present appointment in September, I have to point out that although I am responsible for this Report much of the work was undertaken by the late Dr. Bygott and by Dr. Critchley in his capacity as Acting Medical Officer. The death of Dr. Bygott after so long a period of valuable service was a great loss to the Medical Department, but I feel sure that his early pioneer work will always remain as definite evidence of his devotion to the interests of the people of West Suffolk. At the same time, I would direct attention to the ability and zeal with which Dr. Critchley administered the Department in the very difficult period of transition that followed upon Dr. Bygott's death.

Since I came to West Suffolk I have been faced by the most difficult financial circumstances, and it is indeed unfortunate that the necessary re-organisation that follows a new appointment should have commenced under such unfavourable auspices. In several directions it has been necessary for me to bring to your notice questions of re-organisation which demanded attention on the grounds of efficiency. These recommendations have not been made without serious consideration and anxiety on my part, and in every way I have done my utmost to obtain efficiency without serious financial costs. In the immediate future it is my intention to utilise as fully as possible the existing resources of the County, and I assure you that every regard will be given to economical administration.

In work which in many ways has been most difficult, I have been fortunate in having the greatest assistance from all members of the County Health Department, and the way and spirit in which they carry out their duties are most praiseworthy.

Finally, I would like to say how much I appreciate the unfailing help and assistance of my Chairman and the members of the Public Health Committee.

I have the honour to be,
Mr. Chairman, Ladies and Gentlemen,
Your obedient servant,

J. F. DAVIDSON,
County Medical Officer of Health.

Staff of the County Health Department.

(a) **Medical and Dental Staff.**

J. F. Davidson, M.B., Ch.B., D.P.H., County Medical Officer, and School Medical Officer and Chief Tuberculosis Officer.

A. M. Critchley, M.D., D.P.H.,
Grace M. G. Griffith, M.B., B.S., } Assistant County Medical Officers.

A. Munro, L.D.S., Assistant Dental Surgeon.

(b) **General Nursing Staff.**

G. M. Penly Cooper, S.R.N., Certified Midwife, Chief Health Visitor.
*L. Richardson, ,, ,, ,, Health Visitor.
B. Collins ,, ,, ,, ,, ,,
*C. Coleman, ,, ,, ,, ,, ,,
N. Hawkins, Dental Attendant.
P. Tucker, S.R.N., Matron, County Sanatorium.

*These Officers hold the Health Visitors' Certificate.

(c) **Clerical Staff.**

The Chief Clerk to the Department, Miss D. Kilner, is assisted by six assistant clerks.

Statistics and Social Conditions of County.

Area in Acres		390,916
Population (Estimated, 1931)	Urban	41,220
	Rural	64,020
Administrative County		105,240
Rateable Value		£386,649
Estimated Product of a Penny Rate		£1,460

Social Conditions of County and General Comments.

The County of West Suffolk is practically wholly devoted to agriculture and its associated industries. Factory and industrial life generally have little part except in isolated instances in the lives of the population.

The year under review has presented many serious problems to an agricultural population, which even in the best of times is unable to command the financial resources common to more populated areas.

The present period of depression must inevitably tend to react on the resources physical and mental of the general population, and it will be a special duty of the County Health Department both to note and remedy, in so far as it is able, any injurious effects which may become apparent in the health and well-being of the general child population. At the moment a degree of malnutrition has been detected in the Elementary School children of West Suffolk. There is not sufficient evidence available to ascribe the cause of this condition to the prevalent depression but undoubtedly the present economic state will react unfavourably in this respect on the child population.

I feel assured that the maximum help should be directed to the child population so that the general public health of the future may be adequately safeguarded. Such a procedure not only fulfils the basic principles of preventive medicine but produces the most favourable economic results which can be measured both in terms of efficiency and of finance.

Extract from Vital Statistics of the Year.

(A) **Births.**	*Total.*	*Males.*	*Females.*
Live Births—			
Legitimate	1367	695	672
Illegitimate	77	37	40
Total Births	1444	732	712

Birth Rate per 1,000 of the estimated resident population, 13.7

	Total.	*Males.*	*Females.*
Still Births	58	32	26

Rate per 1,000 total births, 38.6

(B) **Deaths.**	*Total.*	*Males.*	*Females.*
Deaths	1430	711	719

Death Rate per 1,000 of the estimated resident population, 13.6

Deaths from diseases and accidents of pregnancy and childbirth—	
(*a*) from sepsis	3
(*b*) from other causes	3
Maternal Mortality Rate per 1,000 total births	3.99
Death Rate of Infants under 1 year of age:—	
All Infants per 1,000 live births	52.6
Legitimate per 1,000 legitimate live births	51.2
Illegitimate per 1,000 illegitimate live births	77.9
Deaths from Measles (all ages)	7
Deaths from Whooping Cough (all ages)	1
Deaths from Diarrhœa (under 2 years of age)	Nil

Comments on Main Vital Statistics.

Infant Mortality.

The rate for the Administrative County of 52.6 per 1,000 live births compares most favourably with the similar rate for England and Wales, which in 1931 was 66. The County rate appears to have fluctuated in and around this figure for several years, but I am hopeful that even better results may be obtained in future, although the present result is no mean achievement to the endeavours made for the preservation of infant life.

Deaths.

The Death Rate of the County (13.6) exceeds that for England and Wales by 1.3. It is a very considerable increase on the rate for the previous year, which was 11.8. In 1931 the total number of deaths in the Administrative County was 1430, which is an increase of 141 on the figure for the previous year. With the exception of the year 1928 the present figure is considerably in excess of the number experienced within recent years.

A Summary of the chief causes of death in the County during the year is as follows: (1) Heart Disease 358, (2) Cancer 205, (3) Cerebral Hæmorrhage and other Circulatory Diseases 155, (4) Tuberculosis 80, (5) Influenza 69, (6) Bronchitis 63, and Senility 63, and (7) Nephritis 56.

It is interesting to note that these causes account for approximately 73 per cent. of the total deaths. Owing to the statistical records available, I am in a position to compare only the returns for cancer and tuberculosis with those for previous years.

With regard to Cancer, there appears to be a steady increase in the number of deaths and in the death rate per 1,000 of the population. In 1931 the figure of 205 deaths is a considerable increase on the corresponding figures for previous years and the cancer death rate for 1931 was 2 per 1,000 of the population as compared with rates of 1.7, 1.8, 1.6, and 1.5 in recent years. In 1931 cancer was the cause of 14.3 per cent. of the total deaths. In considering the increased mortality rate of cancer in the County it must be carefully noted that this fact does not necessarily mean an increase in the actual incidence of the disease. Improved methods of clinical procedure have tended to establish a diagnosis of cancer in

cases which previously might have been recorded as deaths other than cancer. Nevertheless the prevalence of the disease is a matter of considerable seriousness and forms a very great menace to the health of the public in the middle and later periods of life. At the present stage of scientific knowledge there is no certain method of prevention and consequently all the hopes of cure and amelioration of the disease must rest in early diagnosis and early treatment. If a really successful campaign is to be organised against cancer, the general public must of necessity play their part by consulting their medical attendants at the earliest stage of the disease. The results of delay and postponement of action are tragic beyond words; the only hope in the treatment of cancer so far as we know to-day lies in the combined action of patient and doctor alike in seeking advice and giving treatment at the earliest available opportunity. Again in the near future I hope to consider the question of additional facilities for the radium treatment of cancer. It is to be hoped that at no distant date greater provision will be made for this part of East Anglia so that this form of treatment may be reasonably available to patients in the Administrative County.

With regard to tuberculosis the death rate increased from .5 in 1930 to .76 in 1931. In 1930 the total number of deaths from tuberculosis was 59, while in 1931 the total number of deaths was 80, being an increase of 21. It would be premature to come to any definite conclusion on this increased death rate, but it is disquieting to find that the mortality from this disease tends towards an increase.

It is opportune for me to call attention to the widely different effects which cancer and tuberculosis exert on the public health as judged from the type of mortality experienced. In cancer the greatest mortality is found in the later periods of middle age and in the terminal periods of life. In point of fact 81 per cent. of the cancer deaths occurred in cases of over 55 years of life, and practically 62 per cent. of the cancer deaths were confined to the age periods of 65 and over. Therefore, it is seen that the mortality from cancer has its greatest effect when, broadly speaking, the greater period of life's work has been accomplished. In tuberculosis the greatest mortality is associated with young adult life and early middle age; and in these periods 73 per cent. of the total mortality from the disease occurred. Therefore, the mortality from tuberculosis strikes at the individual on the threshold of life, and therein lies the tragic loss which is both individual and communal. This factor alone demands that the utmost consideration should be given to the control of the disease in the interests of the general public.

Zymotic Deaths.

A total of 19 Zymotic Deaths was returned for the Administrative County. The summary of the deaths was: from Measles 7, from Whooping Cough 1, from Scarlet Fever 2, from Diphtheria 5, from Typhoid and Paratyphoid fevers 1, from Encephalitis Lethargica 2, and from Cerebro-Spinal Fever 1. The Zymotic Death Rate for the whole County was .18.

Birth Rate.

The Birth Rate for 1931 was 13.7 as compared with a rate of 13.9 in 1930, which shows a decrease of .2. In recent years the birth rate for the Administrative County has shown a steady decrease; in 1926 the birth rate was 15.3, while ten years ago in 1921 the birth rate was 20.6. Another point of interest in 1931 was that the birth rate and the death rate were practically the same figure, being 13.7 and 13.6 respectively. At the moment, therefore, in the Administrative County the death rate has increased and the birth rate has decreased; and the birth rate for the Administrative County is less than that for England and Wales by 2.1.

Having regard to the present economic conditions the falling birth rate is in my opinion not a matter of serious moment. Continual increase of population in an area in which the present population are faced with serious industrial depression can only tend to increase the vicious circle of distress, and consequently a falling birth rate especially if it be concerned with greater parental responsibility is rather to be welcomed than bemoaned. Behind the entire phenomena may be the subtle working of Nature for the good of her future people; in any circumstances, having regard to the type of people and their mode of life in the County a natural cause for this decline is much more likely than an artificial one.

General Provisions of Health Services for the Area.

1. LOCAL GOVERNMENT ACT, 1929.

(*a*) **Institutional Provisions.** Under this Act a survey has been made of the requirements of the Administrative County as related to Public Assistance Institutions and Children's Homes.

Under the terms of the Act the County Council assumed the control of the institutions at Bury St. Edmund's, Newmarket, Sudbury and Kedington

Previous to the coming of this Act these Institutions had been regarded as separate units relating directly to the respective Boards of Guardians which governed them.

Under the control of the County Council it is essential that all administrative and other provisions should be considered and maintained on a County basis, so that the maximum benefit and efficiency can be obtained, with, at the same time, the avoidance of overlapping and reduplication of services.

I am firmly convinced of the great importance of the principle of co-ordination of services, and undoubtedly financial benefits of some magnitude follow on the adoption of this principle. Consequently, in the Scheme which I placed before my Committee this principle formed its basic foundation, and at that time I expressed the confident hope that no individual or local interest would suffer materially under the future proposals.

In my initial survey of the County Institutions, I had hoped to be able to effect a considerable centralisation of services in the Bury St. Edmund's Institution, but, after full enquiry, I was definitely of the opinion that the attainment of this ideal was only possible under heavy financial expenditure on new buildings. Consequently it was necessary for me to inspect in detail all the available provisions of each institution, so that full use might be made of their resources.

I approached the question with, broadly speaking, the following classes of cases for which provision had to be made in a scheme of reorganisation; Acute medical and surgical sick, general sick, children and maternity cases, aged and infirm, and mental cases.

In summary, the final scheme which was presented showed the following main provisions.

Children's Homes.

That the Children's Homes at Bury and Sudbury should be maintained on their present basis, and that a controlled policy of boarding out of suitable cases should be adopted whenever possible.

Children's Nurseries.

That the main Children's Nursery should be situated at Newmarket, where already there is an excellent nucleus for such work; that the present Nursery at Bury St. Edmund's should be maintained as a subsidiary and reserve provision to Newmarket, and that no Nurseries be maintained at Kedington and Sudbury.

Maternity Cases.

That the chief County provision should be at Newmarket, where the existing Maternity Block is of the best type, and that the Maternity Wards of Bury St. Edmund's be maintained in reserve. In addition, emergency provision only would be available at Sudbury, and the provision at Kedington would be discontinued.

Acute Medical and Acute Surgical Sick.

That arrangements be entered into with the Governing Bodies of Voluntary Hospitals within the Administrative County for the treatment of such cases on a basis to be agreed upon by the contracting parties.

General Sick.

That the main provision be made at Bury St. Edmund's with subsidiary provisions at Newmarket and Sudbury, and that the general sick be transferred from Kedington to these institutions.

Aged and Infirm.

That the main provisions be at Newmarket with subsidiary provisions at Bury St. Edmund's and Sudbury.

Mental Cases.

That in so far as it is possible, all mental cases should be transferred from the other institutions to Kedington, which will then assume the function of a mental institution.

In the completion of this scheme I was impressed by the necessity for making adequate provision for sick beds. To increase the number of beds one could either build new hospital blocks, or re-arrange existing accommodation to obtain greater facilities. The first of these proposals is out of the question at the moment on account of the heavy capital expenditure, and therefore I concentrated on the second possibility. By a re-arrangement of the quarters of the Master and Matron and the Nursing Staff at Bury St. Edmund's, I found it possible at low costs to increase the number of hospital beds. Again, by conversion of certain wards in the House Block, suitable accommodation for cases of aged and infirm women was made available. At Newmarket, two blocks on the House side are capable of conversion into suitable quarters for aged and infirm, and consequently additional hospital beds will be available through the transfer of these cases to this hospital annexe. At Sudbury, the structural arrangements prohibit entirely any question of extension, and, apart from the provision of a temporary maternity ward, no alterations are suggested. At Kedington, if my scheme for its development in association with neighbouring authorities as a mental institution is carried out, considerable alterations of a structural type will be necessary.

In conclusion, the proposed scheme provides at small financial costs for the immediate needs of the County, and in addition it is of such a nature that the proposals will not only be capable of immediate service but will be found to fulfil their function adequately in any future scheme of development, which may be undertaken under more prosperous auspices.

(*b*) **Poor Law Medical Out-Relief.** The position remained in 1931 substantially unchanged from that in 1930. In the Report of that year a full list of Medical Officers and Relief Districts is given. The various administrative arrangements pertaining to this section of the work will be reviewed in due course.

2. INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The institutional provision for this type of case is definitely inadequate, and under present conditions it is practically impossible to bring about any betterment. By general consent it will be agreed that for the sake of the defectives themselves and in the interests of the general public adequate institutional provision is a matter of some urgency.

REPORT BY COUNTY MEDICAL OFFICER ON ISOLATION HOSPITAL PROVISIONS IN THE COUNTY.

I have completed a survey of the Isolation Hospital accommodation in the county as required under terms of the Local Government Act, 1929. I submit herewith a general report on the question.

A.—GENERAL INFECTIOUS DISEASES.

In the County there are four Isolation Hospitals, viz., Bury St. Edmund's, Haverhill, Sudbury and Exning. The Hospital of Bury St. Edmund's is largely devoted to cases from the Borough, while the Exning Hospital is controlled by a Joint Hospital Board consisting of members of the Newmarket Rural District Council and the Moulton Rural District Council. It will therefore be noted that this Hospital is to a considerable extent under Cambridgeshire auspices. These two Hospitals maintain a permanent staff, but in others, staffs are engaged as required.

Therefore, the first remarkable fact is ascertained that no Isolation Hospital serving purely the needs of the County maintains a permanent staff.

Proceeding in the investigation, and adhering to the Ministry of Health standard for these Hospitals, it is found that in Bury St. Edmund's there is accommodation for twelve beds, in Sudbury for seven beds, in Haverhill for ten beds, and in Exning for twenty-four beds.

The second remarkable fact which emerges from this investigation is that there are actually only 17 beds available in Hospitals serving purely the needs of the County. This position is further emphasised when it is stated that the Sudbury Hospital is only capable of treating adequately one disease at a time.

I give now a summary of the authorities in the County, along with the provisions which are made for the treatment of infectious diseases.

1. Bury St. Edmund's. Population 16,400.—Borough Isolation Hospital of 12 beds available.
2. Newmarket Urban. Population 9,906.—Reserves 10 beds in Exning Joint Hospital.
3. Sudbury Borough. Population 7,028.—Borough Isolation Hospital of 7 beds.
4. Haverhill Urban. Population 4,030.—Urban District Hospital of 10 beds.
5. Hadleigh Urban. Population 3,100.—Arrangements with Ipswich Corporation.
6. Glemsford Urban. Population 1,355.—No arrangements.
7. Moulton Rural. Population 2,142.—Exning Joint Hospital.
8. Clare Rural. Population 7,088.—Indefinite arrangements.
9. Cosford Rural. Population 10,180.—Arrangements with Ipswich Corporation.
10. Melford Rural. Population 11,950.—Cases sent to Colchester if necessity arises.
11. Mildenhall Rural. Population 8,301.—Indefinite arrangements.
12. Brandon Rural. Population 5,785.—Indefinite arrangements, but cases sent to Bury on occasions.
13. Thedwastre Rural. Population 8,398.—Arrangements with Stowmarket Hospital.
14. Thingoe Rural. Population 13,330.—Indefinite arrangements. Cases sent to Bury on occasions.

From this summary it will be noted that a population of 22,529, comprising the Rural Districts of Brandon, Clare and Mildenhall, and the Urban District of Glemsford, has indefinite arrangements for the treatment of infectious disease, while the Rural District of Thingoe, with a population of 13,330, has no definitely guaranteed arrangements for the provision of such treatment.

The final result reveals that at a conservative estimate there is a population of approximately 36,000 people for whom no definite isolation hospital accommodation is available. The seriousness of the position is intensified when it is remembered that in certain of the other districts isolation hospital accommodation is provided only in special circumstances and then only under conditions of difficulty associated with heavy financial liabilities. Added to these facts, it must be remembered that the only modern hospital available in the

County is at Exning; that the Bury St. Edmund's Hospital is more or less obsolete and in any case is chiefly concerned with the Borough; that the Sudbury Hospital is able to deal with only one disease at a time; and that the Haverhill Hospital, although of improved construction, has only a limited scope owing to its situation in the County and its lack of a motor ambulance.

The extent to which Hospital treatment has been utilised in the past is seen in the following figures. In the five year period 1925-1929 the average yearly County experience of Scarlet Fever was 200 cases, of which 85, or 42.5%, received hospital treatment; in respect of Diphtheria the average yearly experience was 34 cases, of which 17, or 50%, received hospital treatment; in respect of Typhoid and Paratyphoid Fever 40% of cases received hospital treatment. On consideration of these figures there is little need for me to emphasise that any policy of isolation of infectious cases appears conspicuous by its absence.

From the foregoing remarks, it is apparent that the Isolation Hospital accommodation of this County, as at present constituted, presents a somewhat grave problem. The position is really serious, and I issue my warning of the inadequacy of the arrangements with the utmost gravity.

In the event of a serious and widespread epidemic of Diphtheria or Scarlet Fever, there would develop a position of complete chaos, with results of far-reaching consequences. Furthermore, even in normal times, when the usual experience of epidemic disease is encountered, the arrangements are insufficient.

With regard to these diseases (*i.e.*, Infectious Diseases other than Smallpox) the two outstanding facts are:

(1) A large area of the County and approximately one-third of its population have no definite isolation hospital accommodation.

(2) A section of the County population has indefinite arrangements at relatively high financial costs, and consequently curtails its use of these arrangements to a minimum.

B. SMALLPOX.

The only provisions in the County at the the moment are the Bury St. Edmund's Smallpox Hospital of twelve beds, and the West Suffolk County Smallpox Hospital of six beds. The former Hospital is under the control of the Bury St. Edmund's authorities, and, on the testimony of the Medical Officer, it is capable of being equipped and staffed within a few hours of being required. The County Hospital has certain limited resources, and after repair to windows, doors and internal fittings, may take its place as an emergency provision.

C. AMBULANCE FACILITIES.

There are only horse ambulances available in this County except in cases in which a motor ambulance is hired from outside authorities. It will be observed, therefore, that the extent of service is strictly curtailed.

GENERAL REMARKS.

West Suffolk is a County in which rural conditions predominate, and, therefore, to a great extent the general housing is of the cottage type. Without fear of contradiction, I state that the adequate control of an epidemic can never be obtained if home treatment and isolation are employed. If you will conjure up in your minds the picture of a typical Suffolk cottage, the hopelessness of home isolation will surely be very evident to you. A still more important factor from the individual point of view is that proper and efficient nursing control and management cannot be secured in the great majority of cases treated at home. A moment's reflection on this statement will provide abundant evidence of the truth of my assertion.

Whichever way one may care to view this problem, one is faced with the extreme urgency of the situation. The present arrangements are inadequate for normal needs; I hesitate to think of the results in periods of pressure. I am not alone in my fears; the local Division of the British Medical Association has already presented similar views to you; the position is viewed with much concern by all who have charge of the public's health.

GENERAL RECOMMENDATIONS.

1. *Infectious Diseases other than Smallpox.*

It is manifestly clear that new arrangements will have to be made. It is clear further that these arrangements should not be of the make-shift variety; on the contrary they should be so constituted that they will meet adequately and efficiently the future requirements of the County.

It is opportune for me to give now a brief statement of the various methods by which Isolation Hospitals can be provided.

(1). *Provision of Isolation Hospitals under the Public Health Acts.*

Under Section 131 of the Public Health Act, 1875, a Local Authority may provide Hospitals, and for that purpose may themselves build the hospitals or may contract for their use.

Two or more Local Authorities can co-operate in the provision of a hospital under the Public Health Acts in the following ways:—

(i) The districts of the Authorities may be formed into a united district for hospital purposes by Provisional Order under Section 279 of the Public Health Act, 1875, with a Joint Hospital Board as the governing body.

It has been found in practice that where a hospital is to be provided by Local Authorities in combination, this is in many respects the most convenient course, and it is suggested that where, as a result of the survey, the County Council come to the conclusion that two or more District Councils should combine to provide a hospital, applications should as a general rule be made to the Minister by the District Councils for a Provisional Order constituting a united district and setting up a Joint Hospital Board. It will, of course, be borne in mind that any such Order would not become operative until confirmed by Parliament, and also that any proposal that an existing Joint Hospital Board should be dissolved or reconstituted in some different manner could only be effected by means of a Provisional Order confirmed by Parliament.

(ii). A hospital can be provided by one Local Authority under Section 131 of the Public Health Act, 1875, and other Local Authorities can enter into contracts for the reception at the hospital of patients from their areas. In such a cse it is usual for the Local Authorities which make use of the hospital by agreement to contribute an annual retaining fee, and also a fixed sum per day or per week in respect of the maintenance of patients treated in the hospital.

(iii.) Two or more Local Authorities may combine under Section 285 of the Public Health Act, 1875, for the provision and maintenance of a hospital, and may form a voluntary committee under Section 57 of the Local Government Act, 1894, for the purpose of providing and managing the hospital. The capital cost of any hospital so provided must be defrayed either out of revenue or by means of loans raised separately by each of the Local Authorities. For this reason it has been found that this method of providing Isolation Hospitals to serve more than one area has not, in practice, proved so convenient as one or other of the arrangements referred to above.

(2). *Provision of Hospitals under the Isolation Hospitals Acts*, 1893 *and* 1901.

Under the Isolation Hospitals Act, 1893, a County Council is empowered by Order to constitute hospital districts, consisting in each case either of a single local area or of two or more local areas, and to set up a Hospital Committee for every such district.

By Section 1 of the Isolation Hospitals Act, 1901, any Local Authority (including a Joint Board) within the meaning of the Public Health Act, 1875, which has provided under that Act, or any local Act, a hospital for the reception of the sick, may, with the sanction of the Minister, and with the consent of the County Council, transfer it to the Council of the County within which the hospital, or any part of the district of the Authority, is situate. Any hospital so transferred must be appropriated to a district formed under the Isolation Hospitals Act, 1893, and must be used as an Isolation Hospital—for which purpose it may be adapted, if necessary.

Under Section 3 of the Act of 1901, a Hospital Committee may make agreements for the reception into any hospital of the sick of of their district. There is no provision expressly empowering a Hospital Committee to receive into their hospital patients from outside the Hospital District, but subject to any restrictions which may be imposed by the Order of the County Council setting up the Hospital District, there does not appear to be any legal obstacle to such agreements being entered into by a Hospital Committee.

The Isolation Hospitals Acts have been found to be somewhat cumbersome and inconvenient in their working. For example, the procedure laid down for the constitution of Hospital Districts and the variation of existing Districts, involves the holding of a Local Inquiry by the County Council with subsequent rights of appeal to the Minister, and this has proved less convenient in practice than the simpler methods of combination provided by the Public Health Act, 1875.

Again, there is no provision empowering a County Council to revoke an Order constituting a Hospital District, and any alteration of an Order can only be made on the application of the Hospital Committee and with the consent of any Local Authority concerned in the alteration.

For these and other reasons it will probably be found convenient that any additional accommodation needed for areas in which the Isolation Hospitals Acts are not already in operation should be provided under the Public Health Acts.

(3) *Provision of Hospitals by County Councils.*

By Section 14 (1) of the Local Government Act, 1929, the powers possessed by Local Authorities under Section 131 of the Public Health Act, 1875, as amended by Section 64 of the Public Health Act, 1925, are conferred on County Councils. The effect of this provision is to give all County Councils power to provide hospitals for the treatment of infectious disease.

Prior to the coming into operation of this provision, and apart from cases in which the powers of Section 1 of the Isolation Hospitals Act, 1901, had been exercised, the power to provide hospitals for infectious disease was limited to those County Councils who had obtained this power by means of Regulations made under Section 2 of the Public Health (Prevention and Treatment of Disease)Act, 1913, as amended by Section 61 of the Public Health Act, 1925.

In cases where such Regulations have been made in respect of the whole or part of a County, the County Council may find it convenient to make use of these powers for the provision of any hospitals which they may propose to provide under the terms of the scheme. In other cases, where the County Council decide themselves to provide isolation hospital accommodation, the powers conferred by Section 14 (1) of the Local Government Act, 1929, will be sufficient for the purpose.

Under Section 128 (1) of the Local Government Act, any expenses of the County Council under the Act are to be defrayed as expenses for general county purposes unless otherwise expressly provided by the Act, or by any scheme made thereunder for the provision of hospital accommodation for the treatment of infectious disease. This sub-section would enable a provision to be inserted in the scheme declaring the expenses of the provision by the County Council of a hospital for infectious disease to be special expenses chargeable on the part of the County served by the Hospital, but the Minister is advised that it would not permit of the insertion of such a provision as can be included in the Regulations issued under the Act of 1913, as amended by Section 61 of the Public Health Act, 1925, charging the expenses on the districts for which the hospital is provided in proportion to the use made of the hospital by the inhabitants of those districts.

In West Suffolk, procedure whereby Local Authorities, either in combination or by mutual contract, may provide hospitals, is practicable only in certain instances, and with limited possibilities of application. It would, I am afraid, lead to great difficulties in financial and other negotiations, and, in my opinion, the whole outlook could not be regarded with any degree of confidence.

As your Administrative Officer, I am in duty bound to declare that I consider a central Hospital to be the only effective plan for dealing with the situation. This proposal has every advantage from the point of view of both administration and commonsense; unfortunately, it imposes a financial involvement of great magnitude.

As I am well aware of the state of local affairs, I content myself with this simple statement of fact.

If the Committee should consider the proposal, I can supply information on all matters relating to the question.

Frankly, I do not think that any other policy will be found to give a full and proper solution to the question, but it is my duty to place before you an alternative suggestion. I regret, however, that this suggestion cannot receive my recommendation because I feel that it will deal only in part with the issues under consideration. This proposal suggests the possibility of combinations or mutual contracts between the various Authorities and the existing Isolation Hospitals. In this connection, it is well to remember that if the Bury St. Edmund's Hospital were to provide for districts in its immediate vicinity, very considerable extension would be required, and according to the official return no extension of site is possible. In my opinion, the present hospital at Bury St. Edmund's is hardly worthy of extension, but if this particular proposal finds favour, then extension on its present site, or a new building will most certainly be required. If such a scheme were adopted, it would be half-way to the provision of a central hospital for the whole County, which was my original suggestion. In the event of the Committee wishing to proceed with this matter, the Bury St. Edmund's Authorities might well enter into contract on an agreed basis with the Rural Districts of Thingoe, Brandon, Melford, Mildenhall and the Urban District of Glemsford.

Again, a contract between the Haverhill Urban District and the Rural District of Clare opens up considerable possibilities for this part of the County.

The existing contracts between Newmarket Urban and Moulton Rural with Newmarket Rural, and between Thedwastre Rural and the Stowmarket Authorities could be continued with advantage. In similar fashion, Sudbury would maintain its small hospital for its own use. No additional combinations appear possible, and therefore the Urban District of Hadleigh and the Rural District of Cosford must of necessity continue their present arrangements with Ipswich.

It must be carefully noted that as a result of these combinations, motor ambulance transport would become a necessity.

Frankly, I feel that I am unable to recommend procedure on these lines because it will be clearly seen that the success of this scheme hinges on extended provisions at Bury St. Edmund's, which, as I have pointed out, is a half-way step to a central hospital for the County without the associated benefits conferred by a single hospital, a single staff, a single motor ambulance, etc., etc. Furthermore, I am distinctly doubtful that such procedure by combinations or by mutual contracts will prove an economy when the final results are assessed. In these matters experience has shown that a large hospital serving a wide area forms a more satisfactory administrative unit than a number of smaller hospitals serving smaller areas, and with modern means of transport, the removal of patients to a hospital situated at some distance from their homes presents little difficulty.

Finally, at this juncture, if the Committee decide to proceed in the manner provisionally outlined by these combinations of districts, it would be necessary to keep in mind that the final settlement of the new County Districts may influence considerably this question of amalgamation or mutual contract.

II. SMALLPOX.

In view of the County's experience, I am prepared at the moment to recommend that (*a*) agreement should be reached with Bury St. Edmund's for the use of their hospital in emergency and that (*b*) the County Hospital should be continued as an additional provision.

With regard to the latter, it is necessary for window glass to be repaired, and for indoor fittings to be restored. In addition, three new external doors and general external painting are urgently required. As the building definitely has some use as an emergency provision, it appears bad policy to allow it to decay for the sake of the small cost required for its preservation. From my past experience of Smallpox, I would remind the Committee that this disease strikes quickly and widely. To be wise beforehand is therefore sound policy. If the building were suitably renovated, it would be a matter of no great difficulty to complete equipment speedily when the necessity arises.

CONCLUSION.

I appeal to the Committee to give full consideration to this Report. Undoubtedly, the problem and its solution are both critical issues. There is an ever-growing uneasiness being manifested in several districts with regard to the matter; my local medical colleagues have already acquainted you in very definite terms with their opinion. I add my official Report to the evidence which is before you, and I assure you that it is given in the full realisation of the actual and potential dangers of the situation.

J. F. DAVIDSON,
County Medical Officer.

In a previous section of this Report attention is called to the possibility of utilising Kedington Institution for the care and supervision of such cases. This institution, with certain structural alterations, will prove a most excellent provision capable of housing some two hundred cases.

It is to be hoped that joint arrangements may in the future be entered into between this and neighbouring authorities, so that the maximum service may be obtained from this Institution. As the matter remains at the moment under consideration, I do not wish to enter into details, but I do feel that in this scheme there are the greatest possibilities for improvement in the institutional provision for mental defectives.

3. LABORATORY FACILITIES.

By arrangement with the Hospital Authorities the general bacteriological work of the County is undertaken by the West Suffolk General Hospital. This arrangement is found to be satisfactory and convenient, except that owing to the difficulties of communication some delay tends to occur in dealing with work from the Hadleigh area. Consequently it is hoped that arrangements will be made for the reception and examination of all urgent work from the Hadleigh area at Ipswich, which town is within convenient distance of that particular part of the County.

The following is a summary of the work undertaken during the year by the West Suffolk General Hospital for the County Council:—

Throat, Nasal, etc., Swabs	1136
Cervical swabs and smears	26
Examination of urine	4
Blood, for Wassermann Reaction	108
Blood, for Widal Reaction	4
Blood, for Malarial Parasites	1
Blood Counts	3
Organisms or parasites in Stool	4
Organisms in Pus	3
Sputum for Tubercle Bacillus	306
Hairs for Ringworm	34
Total	1629

4. GENERAL HOSPITALS.

The main general hospital within the Administrative County is situated at Bury St. Edmund's, and it deals with a large percentage of the medical and surgical hospital cases in the area. In addition, St. Leonard's Hospital, Sudbury, provides a most efficient unit for the service of the local population, and the Rous Memorial Hospital, Newmarket, fulfils a similar function in its area. Addenbrooke's Hospital, Cambridge, the Norfolk and Norwich Hospital, and the Ipswich and East Suffolk Hospital are concerned with the treatment of general cases, more especially those which are situated on the borders and areas of the County adjacent to them. Lastly, two Cottage Hospitals, one at Mildenhall and one at Thetford, render service to the public of these areas.

In this connection it is opportune for me to state a policy with regard to my attitude to the Voluntary Hospital system. In this particular area I feel confident that, with some additions and extensions, the Voluntary Hospital system possesses sufficient resources for the effective treatment of the general medical and surgical sick without the intervention of the Local Authority. Therefore, I am prepared to co-operate in the fullest fashion in promoting the welfare of the voluntary hospitals of the area, so that they may unite with the official Health Department in an earnest endeavour not only to treat disease but to better the general health standards of the people in this County. In a County of this type and population, the only policy that can hope to deal successfully and economically with the health requirements of the general population is that which promotes at every turn the mutual welfare of all organisations controlling these matters. Therefore, it will be my aim to co-ordinate the functions of my department with the activities of the voluntary hospitals of the area, so that the maximum efficiency may be secured for the general health services of the Administrative County.

5. MATERNITY AND NURSING HOMES.

Administration of this section of the work is now carried out under the provisions contained in the Nursing Homes Registration Act, 1927. Inspection of all registered homes is carried out routinely by the Superintendent Health Visitor, and in special cases by the County Medical Officer.

It will be my policy in future to make stringent enquiry into all new applications for registration under the Act, and before the certificate of registration is granted, the premises, furnishing, equipment, etc., will require to conform to a satisfactory standard of attainment.

The number of homes registered in the County at the end of December, 1931, was 11. No new applications for registration were made during the year. Three applications for exemption from registration under the Act were received and granted.

6. INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

No special official arrangements are made for the care of unmarried mothers, except by reception into Public Assistance Institutions. Illegitimate and homeless children can be accommodated in the Children's Homes at Bury St. Edmund's and Sudbury. Both these Homes are of the best description, and keen interest is taken in the welfare of the children. They form an eminently satisfactory provision for children of this type in the County.

7. AMBULANCE FACILITIES.

(a) **For General non-infectious cases.** The local branch of the British Red Cross Society at Bury St. Edmund's maintain an excellent motor ambulance service, and on this service my department depends for much valuable assistance. Again, a motor ambulance is provided by a local voluntary association for Haverhill and district.

(b) **For infectious cases.** No motor ambulances are maintained by authorities within the County for the transport of infectious cases. Horse ambulances are employed in Bury St. Edmund's, Haverhill and Sudbury. The only motor-ambulances available are those hired from outside authorities, viz., Exning Joint Hospital, Colchester, and Ipswich.

General Note.

It would appear that the question of the provision of the County transport for general purposes should be seriously considered in the near future, as, with the expansion of the County requirements notably under the various Public Assistance Schemes, the need for further transport facilities will become increasingly more evident, and such a provision in the near future may prove to be more economical in so far as general costs are concerned.

Again, when the future Isolation Hospital Scheme for the County is reviewed, attention must be drawn to the necessity for motor transport. While horse transport may be both suitable and cheap for the removal of cases within a small radius such as the Boroughs of Bury St. Edmund's and Sudbury, its use outside such areas cannot be viewed with any degree of confidence.

8. CLINICS AND TREATMENT CENTRES.

The present provision includes School Clinics, Maternity and Child Welfare Clinics, Tuberculosis Clinics, Venereal Diseases Clinics, Dental Clinics and Orthopædic Clinics. During the year the only changes in the list of clinics and treatment centres fully reported in 1930 were the addition of School Clinics and Maternity and Child Welfare Clinics at Glemsford and Brandon.

There is in the County a reasonable provision of clinics and treatment centres, and although in the future it should be possible to increase the provision in certain areas, I do not propose to undertake this until the present clinics and centres are fully consolidated as centres essentially for the practice of preventive medicine.

Maternity and Child Welfare Service.

The importance of the work carried out by this Service cannot be over-estimated. The Maternity and Child Welfare Service is essentially the Service in which the principles of preventive medicine can be practised with the greatest benefit. Too often even in these days of progress we are concerned more with the futile patching of already broken lives than with the work which, properly conducted, will by gradual stages sweep away a large proportion of what to-day is termed established disease. To obtain an example of this, we have only to turn to the sister service of School Medical Inspection. In this latter service, we find dental disease, catarrhal conditions of the ear, nose and throat, and similar disorders which largely are the outcome of troubles in early childhood. To practise the principles of preventive medicine in proper fashion, attention must be directed to the care and control of children and the education of parents, not when disease is established, but at the earliest possible stage in life so that disease may be wholly prevented, or at least so controlled that results of permanent disability are avoided. It is therefore of the utmost importance that the activities of the Child Welfare Service should be co-ordinated and dovetailed into the work of associated Health Services, more especially that of School Medical Inspection.

It will be my intention to concentrate more and more strongly on the provisions for the care of the baby and toddler, for therein is contained the chief hope in the fight for the reduction in many of our serious diseases of modern times.

That concentration of effort must not only embrace the efforts of official Medical Officers, Health Visitors and Nurses, but if it is to be successful, it must carry with it the help and co-operation of the general medical practitioners. The time will come when the general practitioner will not be wholly concerned with the treatment of established disease; to my mind the success of a Public Health Service must largely revolve round the general practitioners of the area, and undoubtedly one of the greatest opportunities for the practice of that co-operation is to be found in preventive work directed towards the welfare of the very young.

Home Visiting.

In this County, the early years of life are supervised in the home, mainly by district nurse health visitors, and to a lesser extent by the official County Health Visitors. During 1931, a total of 5412 visits were made to children under the age of one year, and, of these, 1130 were first visits; to children between the ages of one and five years, a total of 14,092 visits was made. This section of the work demands much more care and attention than is generally realised. The women responsible for these duties can do much good by commonsense advice and by tactful handling of the mothers in their homes. I place a great deal of importance on the value of this work, and this is one of the reasons why it is so essential to maintain a County Nursing Service of proper standing and repute. I am glad to say that, so far as my observation goes at the moment, I am well pleased with the conduct and obvious interest and enthusiasm of all members of the nursing personnel of this County.

Infant Welfare Centres.

There are 15 Infant Welfare Centres held under the auspices of the County Council. In addition, one centre is provided and maintained by a voluntary association.

During the year a total of 3,389 attendances were made by children at the centres. Of these 1,138 were made by children under one year of age, while 2,260 were made by children between the ages of one and five years. The average attendance of children per session at all centres during the year was 16.4. The total number of children who attended for the first time was 534, including 296 children under one year of age.

It is especially interesting to note that 25.6 per cent. of notified live births attended Welfare Centres during the year. This figure is altogether encouraging, especially when it is remembered that the population of the County is scattered over a very large area. It is distinctly noteworthy to record that at certain centres mothers frequently walk several miles so that they may attend. I consider that such happenings give abundant proof of the need and value of the Service.

During 1932, a certain amount of reorganisation will take place with regard to these centres. The clinical records will be co-ordinated, and fuller information of the clinical findings will be available in later years. Again, the educational side of the work will be given greater prominence by Medical Officers and Health Visitors. Much useful propaganda work can be carried out in this way, and it has been my experience to find that the mothers not only enjoy simple talks on health subjects, but to a marked extent learn and act upon the advice that is given in this way. I have endeavoured to stress the fact that these centres do not exist for purposes of treatment; their whole object is preventive in type, and for their success and proper conduct this principle must be observed without fail.

I feel confident that there is a great future for Welfare work in this County; the results to date are most promising, and I anticipate the consolidation and extension of their activities in the future.

Ante Natal Services.

No special ante-natal clinics are organised by the County Council, although ante-natal advice is given at all the County Welfare Clinics when required. The ante-natal work in this County is largely carried out by the private medical attendants and by midwives. It may be found feasible in the future to organise special ante-natal clinics at focal points in the County, but I do not consider that the time is yet opportune for their development in this area. The value of ante-natal work is becoming more and more recognised, and its importance as a measure for maternal safety is now definitely established. It must never be forgotten, however, that ante-natal work must be of the best description if it is to be of any avail. Ante-natal work, if undertaken without proper knowledge and training, is little short of complete tragedy, and, therefore, if in future the County Council becomes responsible for ante-natal clinics it will be necessary to have a fully competent officer in charge of the clinical work. At the present, efforts are being made to encourage the midwives and to aid them in their ante-natal work, and it has been my policy to stress the importance of calling in medical attention at the earliest appearance of any abnormal development.

Infectious Diseases of Special Nature.

Four cases of puerperal fever and fourteen cases of puerperal pyrexia were reported to the Department. All these cases were investigated, and enquiry was made to ascertain that treatment had been secured.

Four cases of ophthalmia neonatorum were notified, and investigation was made into all these cases. In no case did permanent blindness result.

OPHTHALMIA NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	At Hospital.				1 Died after recovery of eyes.
4	3	1	4	--	—	

Maternal Mortality.

There were in 1931 six maternal deaths as the result of diseases and accidents of pregnancy and childbirth. Three of these deaths were due to sepsis. The maternal mortality rate for the County was 3.99 per 1,000 total births, which is practically identical with the figures of 3.95 returned for England and Wales.

It is to be hoped that this rate will tend towards a progressive reduction, and undoubtedly the greater application and appreciation of ante-natal work will exert an influence in reducing the number of maternal deaths. Much propaganda directed to the value of ante-natal work is still required, but progress is being made steadily, and one hopes that in the future greater scope may be available in the ante-natal services of the area.

The present financial crisis has turned attention away from the recommendations contained in recent circulars on Maternity and Child Welfare, and consequently the object of the Department in the meantime will be to consolidate as far as possible the existing arrangements without attempting to embark on schemes which involve relatively high costs.

Health Visiting of Children between the ages of one and five years.

Forty-six District Nurses act as part-time Health Visitors for Maternity and Child Welfare, while the remainder of the area is covered by three full-time County Health Visitors.

In the first year of life, eight visits are made to each child; thereafter up to the age of five, quarterly visits are made. In addition, special visits and re-visits are carried out when conditions so demand.

In this County, where the population is widely scattered with consequently serious travelling difficulties, the effort to obtain uniform facilities over the entire area is far from being simple. Nevertheless, I believe that the existing Service carries out in praiseworthy fashion the general supervision of young children. Greater co-ordination, with, in some cases, a better appreciation of the work involved is certainly required, but I feel assured that this ideal will be attained in the no distant future.

Children Act, 1908 (Part 1).

The County Health Visitors make routine quarterly visits to all children registered under this Act. Special visits are made when required, and, if necessary in unsatisfactory cases, a Medical Officer makes a visit. Strict attention is given not only to the personal health of the children, but also to their general environmental conditions. The present provisions are found to be satisfactory.

Statistical details of the year's work are given below.

Number of Cases on Register, 1-1-31	... ...	93
,, of New cases	... ...	73
,, returned to parents	... ...	18
,, adopted	... ...	1
,, died	... ...	2
,, who attained 7 years of age	... ...	25
,, left county	... ...	13
,, transferred to Public Assistance Institutions	... ...	nil
,, of cases on Register, 31-12-31	... ...	107
,, of unsatisfactory cases	... ...	4
,, of visits by Medical Officers	... ...	4

Nursing in the Home.

(*a*) **General.** The general Nursing Services in West Suffolk are undertaken by the County Nursing Associations in conjunction with the County Council.

The range of service has been extended in praiseworthy fashion during recent years, with the result that a high percentage of parishes are now covered.

In an area like West Suffolk, which on the average is sparsely populated, the undisputed principle of procedure in extending nursing work should depend upon the enlargement of existing associations by the provision of motor transport. Such a procedure obviates the re-duplication of local associations which at the best must have relatively costly maintenance charges in proportion to the range of work which they are capable of undertaking. The encouragement of local associations by the County Council through means of grants to extend their districts by providing adequate transport will be immensely useful in instituting a service which is at once efficient and economic.

The value of the work of the County Nursing Association to the general public is immense, and it must be a matter of pleasure to all concerned that this fine work has reached a high standard in this County. In the rural homes of West Suffolk, efficient District Nurses can do much good; a splendid record of accomplished work already stands to their credit, and in the future it is to be hoped that new developments and extensions will receive that sympathetic consideration which is so essential to complete success.

The County Council continued during the year to make the usual grants to the County Nursing Association in respect of the services rendered by the Association on its behalf.

(*b*) **Tuberculosis.** Under the direction of the County Medical Officer, arrangements are made in special cases of tuberculosis for home nursing to be carried out by District Nurses.

(*c*) **Infectious Diseases.** No arrangements are made under the auspices of the County Council for the nursing of cases of infectious diseases in the homes of the patients, although in special circumstances, cases of ophthalmia neonatorium may be so treated by the direction of the County Medical Officer.

Midwives.

(*a*) **Midwifery Service.** This service is carried out by the West Suffolk County Nursing Association in association with the County Council.

The general financial arrangements previously in force have been continued during the year.

(*b*) **Inspection of Midwives.** The routine work of inspection is carried out by the Superintendent Health Visitor of the County, who pays quarterly visits to all midwives practising in the Administrative County. During the year, 222 visits of inspection were made, and no serious complaint was reported. The Inspector states that she is satisfied generally with the work of the County Midwives, and, from my knowledge, I am able to report that with very few exceptions they render efficient and skilful service. In this respect it must be borne in mind that a consistently high standard of efficiency is demanded from present day midwives, and, frankly, I consider it is no mean accomplishment for these women to return such good results under conditions and circumstances which are frequently far from ideal.

(*c*) **Statistical Particulars of the Year's Work.** The number of midwives practising in the area served by the Council at the end of the year was 75. In 1931, the midwives attended by themselves 770 cases, while in 515 cases they acted as maternity nurses, there being a medical practitioner in attendance.

Medical help was called in by midwives in a total of 233 cases, which represents a percentage of 30.3. In 194 of these cases medical help was sought in respect of the mother, and the chief conditions necessitating this help were prolonged labour, mal-presentations, injuries during birth, hæmorrhage, abnormal general condition, and rise of temperature. In 39 cases, medical help was sought in respect of the baby, chiefly for feebleness at birth, and for inflammation of the eyes.

(*d*) **Ante-natal work by midwives.** Ante-natal work and the maintenance of ante-natal records are carried out routinely by the midwives in the area. On the whole, this service is satisfactory, although a high standard of attainment cannot be reasonably expected from the older nurses in whose training and experience ante-natal work did not play a prominent part. It is to be hoped, however, that greater efficiency will be obtained as the younger nurses take their place in the service.

The importance of adequate and efficient ante-natal work cannot be too strongly emphasised; it is a great safeguard to motherhood generally, and every effort must be made to ensure that the available services in the future are fully efficient.

(*e*) **Educational Facilities for Midwives.** The County Superintendent has arranged monthly lectures for practising midwives of the area. In these lectures instruction is not confined to midwifery alone, but embraces subjects of general value to the midwives in their work. In the future, opportunity will be taken by the County Medical Officer to widen the scope of this work, as undoubtedly it has special value to midwives who for the most part are situated in relatively remote country districts.

(*f*) **Conclusion.** On the general average the County midwives not only accomplish efficient work, but bring to it an enthusiasm and interest which are highly praiseworthy. It is a matter of great satisfaction to find this important service established on a satisfactory basis.

The County Tuberculosis Service.

General Statistical Facts.

The most noteworthy feature with regard to this service has been the marked increase in the notifications of new cases of the pulmonary type.

In 1931, the new cases of pulmonary tuberculosis numbered 114, which figure is an increase of no less than 57 on the corresponding figure for 1930. In addition, the number of new cases of non-pulmonary tuberculosis increased from 50 in 1930 to 56 in 1931.

During the year, a total of 80 deaths was recorded, 64 being pulmonary cases, and 16 being non-pulmonary cases. In the previous year the total deaths were 59, comprising 49 pulmonary cases and 10 non-pulmonary cases.

The death rate from tuberculosis in 1931 was .76, the corresponding figure in 1930 being .5.

I submit herewith a Table of new cases reported in 1931, together with a summary of the total deaths in the area during the year.

TUBERCULOSIS.

NEW CASES AND DEATHS DURING 1931.

Age Periods.	New Cases.				Deaths. *			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	1	—	—	2	—
1	2	—	3	3	—	—	—	1
5	4	2	5	10	—	—	1	2
10	5	3	8	5	—	—	—	—
15	2	5	—	1	7	3	1	2
20	6	11	3	3	—	—	—	—
25	15	9	2	5	3	9	—	3
35	9	10	2	—	4	8	1	—
45	9	8	—	2	7	5	—	—
55	5	4	1	—	4	8	—	—
65 and upwards	4	1	—	1	3	3	1	2
Totals ..	61	53	25	31	28	36	6	10

**Note.*—Ten of these cases were not notified before death.

No cases of wilful neglect or refusal to notify were recorded, and no action was deemed necessary either under the Public Health Act, 1925 (Prevention of Tuberculosis Regulations) or under the Public Health Act, 1925, Section 62.

The number of notified cases on the Register at the end of the year was 602, and of this number 193 were insured persons.

During the year 39 admissions were made to the West Suffolk County Sanatorium, and over the same period 45 cases were discharged from the Sanatorium. The total number of in-patient days was 5,162.

In addition, 14 pulmonary cases was treated at other institutions, while under similar auspices 18 non-pulmonary cases were treated.

The County Medical staff made 918 home visits to cases of Tuberculosis. This figure is a very considerable increase on the figures for the previous five years, which read 531, 470, 781, 238, and 244. It is of special interest to note this considerable increase which provides evidence that the cases in the County are being visited in systematic fashion. Additional to the home visits, there were 153 dispensary attendances made in 1931. During the year the County Health Visitors made 1,635 home visits to cases of Tuberculosis.

GENERAL REMARKS ON THE SERVICE.

As this Service has already been the subject of an extensive Report to the County Council, I do not intend to detail many of the matters therein discussed.

It is necessary for me, however, to emphasise the essential importance of making adequate provision for dealing with this disease.

When I assumed my appointment in West Suffolk I found it necessary to re-organise the work of the department in Tuberculosis.

At the end of the year administrative and clinical arrangements, including the re-classification of cases, had made considerable headway, with the result that I feel satisfied now with the efficiency of these provisions. It will now be possible to supervise in accurate fashion all matters in relation to Tubercle, and to combine with this supervision, a complete knowledge of the clinical side of the disease. In this respect, I call attention again to the great increase in the number of visits made by Medical Officers to the homes of cases for the purpose of diagnosis, prognosis, treatment, and general supervision.

With regard to the provision of treatment facilities more especially in relation to Pulmonary Tuberculosis, I regret that I am unable to report an equal confidence. At the moment the provision within the County is centred in the West Suffolk County Sanatorium of 20 beds. This institution, despite the excellent work of its Matron and staff, cannot be expected to deal adequately with cases of Tuberculosis other than those of early degree. Of necessity, therefore, it follows that if institutional treatment is to be given to a satisfactory extent, it must be provided in institutions outside the direct control of the County Council. In my previous report on this subject, I made the recommendation that approximately 20 additional beds in other institutions would be required.

In my opinion, it is necessary in this County to provide (a) in-patient treatment for early cases at the County Sanatorium; (b) in-patient treatment for intermediate and special cases at outside institutions; and (c) in-patient treatment for infectious terminal cases at Public Assistance Institutions.

In proof of this I would say that in class (a) if cases are placed under treatment at the earliest possible opportunity, there is the maximum hope for cure and permanent arrest of the disease; again, in class (b) much can be done to retard the activity of the disease by appropriate medical and surgical treatment; and finally, in class (c) removal to institutions of terminal infective cases provides not only for the patients' comfort in the few remaining weeks of life, but safeguards the immediate relatives from the ever-present danger of mass infection with the germs of Tubercle.

In a County of this type with slender financial resources, the question of institutional treatment either from the point of view of Sanatorium or Settlement provides special difficulties. I am well aware of the restrictions which must of necessity be imposed, but I stress strongly that the maximum effort should be made in this direction, because it is only through such effort that adequate return may be obtained from the County Tuberculosis Service.

I do not propose to analyse in detail the increase in the number of new cases in 1931. It is possible that the increase is due to an acceleration of notifications; in any case it would be unwise at this period of transition to comment fully on the matter. It is sufficient for me to call attention to the problem which awaits settlement in 1932, namely, that 114 new cases of pulmonary tuberculosis have been added to the Register. Comparison of this figure with the number of beds available for the treatment of all cases of pulmonary tubercle will shed much light on the difficulties which confront my Department in dealing with this disease.

With regard to the treatment of non-pulmonary or surgical cases of tuberculosis, the general facilities are fairly adequate, although the costs involved are exceedingly heavy. Cases of this type of necessity require long-continued treatment with expert surgical care, and consequently the treatment costs per case are nearly always of some magnitude. It is a work, however, which must be carried out by the responsible Authority, and I am hopeful that in the future I may be able to reduce the total costs.

Finally, I would report that this County can now provide an administrative and clinical Service which will compare favourably with that of any other Local Authority; if this Service is given increased facilities for in-patient treatment, it will become a real power in the control of Tuberculosis, possessing an efficiency which will ensure that the maximum return is being obtained from the expenditure involved in its maintenance.

Venereal Diseases.

The County Clinic held at Bury St. Edmund's on Wednesday and Saturday mornings is the main provision for the treatment of these diseases in West Suffolk. Additional treatment facilities are available at centres outside the Administrative County, chiefly at Cambridge and Ipswich.

The administration and conduct of a Scheme for the treatment of Venereal Diseases in a rural area like West Suffolk are fraught with many complex and serious difficulties. In a special report I have outlined certain proposals and suggestions as to the future arrangements for this Service, and, as this report is still under consideration, I do not propose to make additional comments at this stage. It is to be hoped, however, that new arrangements will be made in the near future, so that certain difficulties and objections to the present Service may be remedied.

In 1931, the total number of cases treated at Bury St. Edmund's was 64, and of these 40 were new cases seen for the first time during the year. At outside centres 9 cases in addition were treated. There were, therefore, 49 new West Suffolk cases in 1931.

At Bury St. Edmund's the cases made 401 attendances for treatment, as contrasted with 203 attendances in 1930. At Cambridge 94 attendances were made, while at Ipswich 38 attendances were recorded. West Suffolk cases made 583 attendances in 1931 at treatment centres.

The diagnosis returned in respect of the 40 new cases was Syphilis 20, Gonorrhœa 12, and other conditions 17. The number of in-patient days in 1931 was, Cambridge 74, Bury St. Edmund's and Ipswich nil. The number of doses of Salvarsan substitute given was, Bury St. Edmund's 59, and Cambridge 49.

During the year, one male case suffering from the later stages of syphilis, and one male and one female case of congenital syphilis ceased to attend before completion of treatment. Similarly, one male and one female case suffering from the later stages of gonorrhœa ceased to attend before completion of treatment.

During the year, 32 specimens were examined at the treatment centre by the Medical Officer, while 71 specimens were sent to an approved laboratory for examination.

The noteworthy feature of the statistical returns is the very considerable increase in the number of attendances within the County during the year. The fact that the number of attendances has been nearly doubled does not indicate that there has been an acute increase in the incidence of the disease. On the contrary, the actual figure of cases is practically stationary. It may be assumed, therefore, that more intensive treatment is being given, and that also much attention is being directed to the detection and treatment of the congenital forms of syphilis. The increase in the number of attendances, however, does very definitely mean that the present available facilities for treatment require reorganisation, so that efficient and co-ordinated arrangements may be possible in the future.

Sanitary Circumstances of the Area.

(1) WATER SUPPLIES.

I give the following extracts of special interest from the Reports of District Medical Officers relating to this matter.

Bury St. Edmund's. An extension of 485 yards in four roads has been made to the public water supplies in the Borough. The quality and quantity of the water remain satisfactory. No analysis of the water was made during the year.

Haverhill. During the year, 19 houses were connected to the mains. The supply is satisfactory both in regard to the quality and quantity, and a sample taken in July confirmed this opinion.

Melford. Sixteen samples of well-water were examined, and of these ten were passed as fit for use, and six were not passed. The water supply in this area is mainly obtained from scattered wells.

Hadleigh. The Water Supply Scheme for the town was completed during the year, and connections to houses and other premises have been commenced. Up to the end of the year 148 services had been laid, supplying water to 190 houses in addition to other premises.

Thedwastre. The water supply is chiefly derived from wells. Samples were taken from wells in connection with new houses and after complaints. A number of cottagers get their water from springs, ponds, ditches, field drains, etc. In two parishes persons have to walk over a quarter of a mile for drinking water.

Newmarket. An analysis of water taken from one of the local company's mains was found to be satisfactory.

Clare. Extensions of public supplies have taken place at Clare and Hundon. In the former parish the Council's mains were extended so as to supply 14 new Council Houses, while in the latter parish eight new Council Houses were supplied. Repairs have been carried out in connection with the waterworks at Clare and Hundon, and also to public pumps at Great Bradley, Little Thurlow and Withersfield.

Conclusion.

It would appear that a certain amount of progress is evident in certain areas, while in others the position tends to be stationary. Undoubtedly, the report quoted from Thedwastre, although disappointingly bad, is true in several rural districts of the County. The question of rural water supplies is one associated with many serious difficulties, but it is a matter which demands the full consideration of rural authorities, and it is to be hoped that improvements will take place in the future.

(2) RIVERS AND STREAMS.

Throughout the County there is considerable pollution by sewage of rivers and streams. In certain areas there is direct discharge of house drainage into a neighbouring stream, while in others the attempt at purification is largely futile. Adequate sewerage schemes are the only remedy for this pollution, and at the present time there seems to be no possibility of such schemes being established.

With regard to stream pollution by manufacturing waste, one case was dealt with by the Newmarket Authority. In that particular instance, the trade waste was entering the stream via the surface water drainage system.

During the latter months of the year, the River Lark was maintained under constant observation for the detection of pollution arising from the Beet Sugar Factory at Bury St. Edmund's. It is satisfactory to report that no serious pollution was caused during the season's campaign of the factory.

(3) DRAINAGE AND SEWERAGE.

Matters of special interest are quoted as follows from the Reports of the District Medical Officers.

Bury St. Edmund's. The only extension to the system during the year has been the provision of 563 yards of surface water drainage, and of 62 yards of soil sewer. There are approximately six cesspools remaining in the Borough.

Newmarket. No extension of sewerage has been made, but by mutual arrangement crude gas liquor is now disposed by spreading over old stone pits. This method prevents any stream pollution and damage to sewage works.

Melford. There are no Sewage Disposal works in the area.

Clare. There is no proper system of sewage disposal in any of the villages. At Clare, however, a partial system is in operation, but no method of purification is adopted. Septic tanks are used and in some cases the overflow finds its way into the river, which thus receives a certain amount of pollution. Certain repairs and extensions were carried out during the year.

Hadleigh. Sanction to the Sewerage and Sewage Disposal Scheme for the town was received during the year, and the work was commenced in August. It is anticipated that the work will take twelve months to complete.

Thedwastre. Practically every parish in the district is in need of a sewerage scheme; there are in two cases "sewers" which discharge into ditches. Approximately half of the houses in the district are without drains, the occupants having to discharge the liquid waste on to the gardens.

Conclusion.

In certain areas of the County there appears to be a regrettable laxity with regard to matters of sewerage and sewage disposal. Undoubtedly, a considerable degree of pollution is taking place, and the position will tend to deteriorate steadily unless definite action is taken by the authorities concerned. The whole question of surface drainage and systems of sewers must be fully examined, as otherwise complications of various sorts are bound to arise. As in the case of water supply, the question of sewage disposal in rural areas presents difficulties, but I feel confident that much could be done despite the obvious obstacles in the way, and it is to be hoped that greater attention will be given in future to these details.

(4) CLOSET ACCOMMODATION.

Endeavours are being made in most areas of the County towards the substitution of the insanitary privies by pail closets. In some districts it is very obvious that considerable attention has been given to this question, but in others progress appears to be lamentably slow.

In the old privy system with a large accumulation of material, the conditions are wholly insanitary, and the conversion to pail closets with commonsense distribution of the contents is a matter to which every district authority should give its attention. Approximately 165 such conversions were carried out in the County during the year.

In certain areas of the County the garden room surrounding the cottages is very small, and in these cases a system of night soil collection and disposal would be an advantage.

(5) SCAVENGING AND REFUSE DISPOSAL.

In Newmarket a Destructor is in use, while in Bury St. Edmund's the construction of a new refuse destructor has been commenced. In certain areas refuse is dumped in selected sites under contract with the local authority. In other areas the population burn or bury the material.

The use of destructors and of controlled dumping appear generally to be satisfactory, but in some rural areas, the disposal of refuse and night soil is far from satisfactory. One District Medical Officer reports that it is a common sight to see in connection with cottage properties large accumulations of household refuse and night soil in the small back gardens often within a few feet of the back door or windows of the house. Such a condition of affairs is obviously very bad; part of it could be ameliorated by the active participation of the occupiers in burning or burying the refuse; in other cases as previously mentioned a system of night soil collection and of scavenging appears to be the only practical solution.

(6) SANITARY INSPECTION OF THE AREA.

Details of the work undertaken by the local Sanitary Inspectors will be found in the appropriate sections of the Reports of District Medical Officers of Health.

(7) PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Comments on these matters will be found in the District Reports. With regard to tents, vans and sheds, a meadow in Bury St. Edmund's was cleared of caravans by action of the Local Authority. In other areas no special attention has been directed to this question.

Housing Conditions in West Suffolk.

Arrangements for the proper and adequate housing of rural populations present at the best of times serious difficulties; in the present period of economic stress the difficulties are so intensified as to be almost beyond immediate solution. Yet at this very time of maximum difficulty one instinctively feels that the question of adequate housing conditions for the agricultural population has never previously assumed such immense importance. It is generally realised that the future fortunes of the country will tend more and more to be interwoven with those of the agricultural industry; and undoubtedly the future progress of this industry must bear directly on some of the most vital issues which confront this country. The re-establishment and maintenance of the agricultural industry must therefore exert influences which are at once local and national, and in this process of re-establishment one of the factors of the greatest importance is to be found in this question of adequate housing.

It would be idle to pretend that the present housing conditions of the rural population are either satisfactory or sufficient. From experience we know that in certain districts people are living under conditions of overcrowding, and again we know that many people are living in houses which are in urgent need of repair.

In my own mind, I feel that the true picture with regard to housing conditions in this County has not been fully revealed largely because it is felt that such a revelation would do little good in the absence of adequate remedies.

The position, however, must be faced, and in its examination one unfortunately finds a state of somewhat serious chaos. To my mind the present position has developed as the result of a vicious circle from which even now there appears little hope of escape unless at the cost of heavy expenditure.

In the past, private enterprise was the controlling factor in the building of houses. To-day, with the crushing burden of taxation private enterprise can no longer undertake what in the past was carried out as part of routine estate management. Recent housing legislation has attempted by grants and subsidies to remedy the position, but the position can never be remedied effectively in this way, which in plain language amounts to a process of "dole" contribution. Essentially the permanent cure of the position demands relief from overwhelming taxation, so that private enterprise may carry out its responsibilities in proper fashion. In the present state of the country such relief is practically hopeless, and therefore all that can be done is to make the best of the situation, although to my mind the immediate future cannot be viewed with too great confidence.

In the absence of the essential remedy it is necessary for the County Council to undertake its statutory duty in so far as it is within its judgment and ability, and in view of the present position it is to be hoped that the greatest possible efforts will be made certainly to ameliorate, if not to cure, the present defective conditions.

Special comments of interest from the Reports of District Medical Officers are as follows:

Clare. The Local Authority erected 22 houses of the non-parlour three bedroomed type, and the cost of erection was £8,786 10s. 7d. The rents of these houses vary from 4/3 per week to 6/1 per week, inclusive of rates. No houses were erected by private enterprise, with the exception of two buildings hardly ranking as houses constructed from the conversion of an army hut and a railway carriage.

Haverhill. Ten houses were built by the Urban District Council under the Housing Act, 1924. The rents are 6/6 to 8/6 weekly inclusive of rates. At the present moment 40 applicants are on the waiting list for houses. Two houses were erected by private enterprise.

Thedwastre. The Local Authority built 8 houses during the year. Houses are required in almost every village by the poorer-paid workers. Scattered throughout the district are many houses which, because of the poor lighting, ventilation and dampness, are unfit for human habitation.

Newmarket. During the year 60 houses were built and let at 8/- per week, including rates, and this has reduced the number of cases of overcrowding.

Thingoe. Special mention is made of a survey carried out in Barrow, where, it is stated, the worst housing conditions in the Thingoe district exist. A large proportion of the houses are old and some decrepit. The serious defects found were due to faults in the fabric from old age and bad construction. In more than one case there is a very real danger of collapse. There were 7 cases of overcrowding of a serious nature. Again, a survey in Hawstead revealed a large number of old thatched houses of great age. A considerable number are in an early stage of decay. One block of cottages at Pinford End is past the possibility of repair, and will need replacement.

Bury St. Edmund's. A progressive Housing Scheme is being undertaken with improvement of all unsatisfactory areas while unoccupied. The Local Authority has now completed 281 houses and 24 flats, while 32 houses were in course of construction at the end of the year.

Mildenhall. 26 houses have been erected under the local housing scheme, and there is a proposal for the building of a further 46 houses under the Housing Act, 1924.

Brandon. There is a considerable number of old and rather unsuitable cottages. There are several cases of overcrowding, but there are no other houses available. No schemes are under consideration.

Melford. The Local Authority erected 34 houses during the year, and 14 houses were erected by private enterprise.

Conclusion.

It may be taken for granted that a great deal of improvement is urgently required in the housing conditions of this County. It is true to say that many existing cottages are delapidated and in some respects insanitary. Again, it must be constantly kept in mind that the wages of farm labourers and many other allied classes of workers prohibit entirely their payment of an economic rent. The burden must therefore be accepted by the local authorities concerned in accordance with their statutory duties. Progress of value can be made under the Housing Act, 1924, under which additional new cottages may be constructed whereby a supply of cottages for the non-agricultural population in rural areas will help to reduce pressure on cottages originally intended for farm workers. Again, Rural Authorities can take measures under Part II. of the Housing Act, 1930, in dealing with insanitary houses. Lastly, much greater advantage could be taken of the provisions contained in the Housing (Rural Workers) Acts, 1926 and 1931. Under present conditions the re-conditioning of unfit cottages appears to be a most practical procedure.

In conclusion, the position is entirely bound up with existing financial conditions, and progress must of necessity be adjusted to the prevailing circumstances. It is within my power to advance many arguments on the urgent need of improved housing conditions from the point of view of public health, but unfortunately such arguments are largely useless in the face of existing circumstances. Nevertheless, it is to be hoped that the County Council and the local Councils will do their utmost to deal with the situation in so far as it is within their powers.

Prevalence of, and Control over, Infectious and other Diseases.

(A) Isolation Hospital Accommodation.

A Survey has been completed of the existing Isolation Hospital accommodation and general treatment facilities for infectious diseases in the County.

From that survey it appears very definitely that the general provisions are inadequate.

There are four Isolation Hospitals situated within the Administrative County, viz., Bury St. Edmund's, Exning, Sudbury and Haverhill. The only modern hospital is at Exning, and, unfortunately for West Suffolk, this hospital is largely under Cambridgeshire auspices. The Bury St. Edmund's Hospital, which is mainly concerned with the Borough, has many deficiencies from a structural point of view. The Sudbury Hospital is able to deal with only one disease at a time, and from every point of view has many limitations; while the Haverhill Hospital, though of improved design and structure, has only a limited scope owing to its peripheral situation in the County.

Furthermore, there are no motor ambulance facilities for the transport of cases of infectious diseases unless application is made to outside authorities.

From a detailed examination of the usual practice adopted by the various authorities in dealing with infectious diseases it transpires that in certain areas of the County there is no definite isolation hospital accommodation available and that in other areas there are only indefinite arrangements available for the treatment of these diseases. In the remaining areas of the County there exist definite arrangements for Isolation Hospital accommodation.

The following figures are full of interest in the consideration of the extent to which hospital treatment has been utilised in the five-year period, 1925-1929. During this period the average yearly County experience of Scarlet Fever was 200 cases; of which 85, or 42.5 per cent. received hospital treatment; in respect of Diphtheria the average yearly experience was 34 cases, of which 17, or 50 per cent., received hospital treatment; in respect of Typhoid and Paratyphoid Fever, 40 per cent. of the cases received hospital treatment.

It may be said with some truth that in a rural area like Suffolk home isolation can be fairly extensively practised; on the other hand it must never be forgotten that in a rural County like Suffolk the possibilities of adequate isolation in homes of the cottage type are exceedingly remote. It is therefore on the balance found that the mere fact that the area is rural does not constitute general grounds for stating that Isolation Hospital accommodation is an unnecessary provision. Again, from the point of view of the welfare of the cases themselves, home isolation finds itself wholly outclassed in comparison with skilled Isolation Hospital treatment. The whole question is one which demands every consideration because undoubtedly in the event of a serious outbreak of infectious disease a situation of the utmost gravity would develop; in point of fact the existing accommodation is insufficient to deal satisfactorily with the routine yearly experience of the various infectious diseases.

In my original Report to my Committee I advocated the provision of a central County Isolation Hospital, capable of fulfilling adequately all the requirements of the Administrative County. A Hospital such as this would be of modern design with fully trained resident staff; it would entail a single administrative control, and it would obviate all reduplication of running expenses and original equipment, viz., motor ambulance, etc. In advocating this policy I was governed to a certain extent by the administrative idea, remote though it may be, that eventually there would be built up under the one control and on the same site a Hospital which would not only deal with Infectious Diseases, but which would in part be a Sanatorium treating all types of cases of Tuberculosis.

I admit fully that against this scheme there is the question of heavy capital expenditure, which assumes in these days even greater significance than in times of less severe economic pressure. Frankly, however, I do feel that the long view is the one which not only will return results, but will be found to be the most economical in the final reckoning of costs.

A second proposal which I mentioned without recommendation was based on the possibilities of amalgamations or mutual contracts between various Local Authorities. Under this Scheme, if the Bury St. Edmund's Hospital was suitably equipped and extended it would be capable of entering into definite contracts with other Authorities. Similarly with suitable equipment, the Haverhill Hospital might enter into limited contracts. Again, the existing contracts of the Exning Hospital might be maintained with advantage. The Sudbury Hospital, however, could never be considered from the point of view of permanent contracts with other Authorities.

I could not recommend this second proposal because it would not deal adequately with all the County's requirements, and under its rule it would still be necessary to send cases

outside the Administrative County. Furthermore, I feel that the extension of the Bury St. Edmund's Hospital would be half-way to the provision of a central Hospital without having the definite advantages of the latter.

With regard to Smallpox, two hospitals, one belonging to the County and the other to the Borough of Bury St. Edmund's are available. The County Hospital is a relatively poor provision, but, if repaired, it would have a certain value in a period of emergency. Both these Hospitals might with advantage be retained for the treatment of Major Smallpox while the minor forms of the disease could conceivably be treated in the proposed general central Infectious Diseases Hospital. In the future it might be advisable to consider a system of contract with neighbouring authorities for the treatment of Smallpox, so that the maintenance expenses of infrequently used Hospitals might be avoided.

In conclusion, I realise fully the serious financial difficulties that beset these proposals, and the many obstacles that confront the County Council in their endeavour to improve the present position. Nevertheless, I do point out with emphasis that in the public interest more extensive and more efficient facilities for the treatment of general infectious diseases are an urgent necessity in this County.

(*B*) Notifiable Diseases (other than Tuberculosis) during the Year 1931.

1. Diseases.	2. Total Cases notified.	3. Removed to Hospital.	4. Deaths
Scarlet Fever ...	147	41	2
Diphtheria	104	83	5
Enteric Fever (including Paratyphoid)	6	1	1
Puerperal Fever ...	4		3
Puerperal Pyrexia ...	14	1	
Pneumonia	40	1	51
Erysipelas	23		—
Ophthalmia Neonatorum	4	1	—
Encephalitis Lethargica	3		2
Measles	250		7
Chicken-pox	7		

No case of small-pox occurred during the year.

This Table has been compiled from the Annual Reports of the District Medical Officers.

(*C*) Infectious Diseases and School-Children.

In 1931, no schools were closed for outbreaks of infectious diseases. During the year 112 Low Attendance certificates were issued as follows: Chicken-pox and Influenza 1; Mumps 3; Scarlet Fever 1; Chicken-pox 6; Measles 41; Colds and Diphtheria 1; Influenza 42; Coughs and Colds 7; Measles and Diphtheria 2; Whooping Cough 3; Measles and Influenza 5.

Conclusion.

A continued infection of Diphtheria in the Sudbury and Newmarket areas was the most prominent feature of the year with regard to infectious disease. There was also a considerable increase in the number of low attendance certificates granted to schools in respect of influenza. The County was fortunate to escape again any outbreak of minor Smallpox. The arrangements for the examination of pathological and bacteriological specimens have continued, and are carried out as stated in another section of this Report. Under County auspices, no use has been made of Schick and Dick tests in Diphtheria and Scarlet Fever respectively, nor of the artificial methods of immunisation against these diseases. Again, no action has been taken by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917.

Inspection and Supervision of Food.

(A) MILK SUPPLY.

The importance of milk as an article of diet cannot be too greatly stressed. Its value and influence on child life generally are immense, and practical proof of this has been completely established. The greater utilisation of milk as a food is greatly to be desired in our cottage homes, especially in view of the fact that at the moment a considerable degree of malnutrition has been detected in the elementary school children of this County, and it is to be hoped such people may in the future be both willing and able to secure adequate supplies of good standard milk. In a country district, parodoxical though it may seem, it is frequently difficult to obtain milk owing to the output being bulked for dispatch elsewhere, but if the public benefits from the instruction which it has received on the value of the health-giving and body-building properties of milk, I feel that adequate local supplies would be available without much difficulty. In this connection, it is important to remember that if real value is to be derived, the standard of the milk supply must be uniformly good from the bacteriological point of view, and every effort and endeavour must be made by all concerned to reach this ideal.

Milk and Dairies Order, 1926.

Under this order 13 inspections of herds were made, and 116 cows were examined. 9 samples of milk were taken and sent for examination, but no tubercle bacilli were found.

Milk Special Designations Order, 1923.

It is regrettable to report that only one licence was held in 1931 for the production of milk under this Order. Such a state of matters is to be deplored in an agricultural County of the standing of West Suffolk, and improvement in this direction is long overdue. I take the opportunity of stating that the County Health Department is prepared to co-operate with potential producers and to give all help and advice within its power. I am particularly desirous to see an extension of this type of milk production, and I trust that I may be able to report greater progress in future years.

The production of Certified Milk, Grade "A" T.T. Milk, Grade "A" Milk and Pasteurised Milk is not simply one more fanciful idea which obtains prominence for a certain time, and then becomes dead. On the contrary, it marks a definite advancement in the production of milk and by it a very great deal of vital preventive work may be established. I have previously emphasised the importance of milk as a food to children, and the necessity of bacteriological purity. When one remembers that it is estimated that 40 per cent. of all the cows giving milk in England are infected with tuberculosis and that this infection may be passed to human beings, there are surely ample grounds for pressing determinedly for the greater production of bacteriologically pure milk.

It is of course economically impossible to produce under present conditions, graded or pasteurised milk at the cost of bulk milk, but there are many possibilities in the work, and with adequate publicity in its merits it surely is not without the capabilities of this agricultural County to extend its activities in this direction.

Conclusion.

I definitely feel that greater efforts could and should be made in this County (a) to increase the production of designated milk and (b) to improve the condition of ordinary bulk milk. From a considerable experience in the public health control of milk supplies, I feel that much could be done by friendly co-operation between the authorities, producers, and retailers. It is a matter of vital importance because a milk supply of a high level not only aids the public health of the County, but materially contributes to the financial resources of the industry within the County.

(B) SALE OF FOOD AND DRUGS ACTS.

The Police are Sampling Officers, and the Annual Return of the Chief Constable showed that during 1931, 105 samples had been taken; New Milk, 56; Butter, 6; Margarine, 6; Lard, 2; Baking Powder, 3; Ground Rice, 2; Ground Ginger, 1; Malt Vinegar, 3; Demerara Sugar, 2; Scotch Whisky, 1; Olive Oil, 1; Sausages, 5; Ground Almonds, 1; Mixed Spice, 1; Golden Syrup, 1; Strawberry Jam, 1; White Pepper, 3; Cream, 1; Cocoa, 2; Lemonade, 1; Cream Custard Powder, 1; Mincement, 1; Jamaica Rum, 1; Ice Cream, 3.

All were found to be genuine, except six samples of milk, which were found to be adulterated.

Bury St. Edmund's is a separate Authority for the purpose of the administration of these Acts: 32 samples were examined during the year—Milk, 20; Butter, 4; Margarine, 1; Vinegar, 2; Tea, 1; Lard, 1; Coffee, 1; Jam, 2. Five samples of milk were deficient in fat.

(C) INSPECTION OF MEAT.

In a rural area, the adequate inspection of meat presents many difficulties, and in certain instances trouble has been caused by the failure of butchers to notify their intention to slaughter. The importance of this work from the point of view of public health demands that the regulations should be rigidly enforced, and, with proper co-operation between the Sanitary Inspectors and the butchers, there appears no reason why the work should not be efficiently carried out. It is necessary, however, for Authorities to take the necessary steps with defaulters, so that no unfair advantage may be taken of those butchers who regularly and rigidly comply with the regulations.

(D) DISSEMINATION OF KNOWLEDGE OF NUTRITION.

Preparatory efforts which will be extended in 1932 have been undertaken by the County Medical Staff. Much propaganda of this description is required in the area, and I attach great importance to the work. I am convinced that ignorance of food values plays a considerable part in the causation of malnutrition, although in many cases in this County the balancing of the weekly domestic budget is a matter of the greatest difficulty. In carrying out propaganda work of this type every care must be taken to ensure that the advice and recommendations are within the scope of the average cottage people, and despite the existing financial circumstances, I feel sure that definite benefits can be obtained in this way.

Blind Persons Act, 1920.

The total number of cases on the visiting lists of the Health Visitors is 109, and arrangements are made to visit them at least twice a year. The age groups of the blind persons in the County are as follows:—

Age Period	Age Period.	Age Period.	Age Period.	Age Period.	Age Period	Age.	Total.
0—5	5—16	16—21	21—50	50—70	Over 70	Unknown.	
1	3	5	30	44	33	1	117

The following represents the number of blind persons in the County engaged in remunerative occupations: Basket and Cane workers 9, Hawker 1, Knitters 2, Mat Maker 1, Musicians, Music Teachers and Piano Tuners 1, Poultry Farmer 1, Shop Keeper 1, Woodworker 1, and Miscellaneous 3.

The care of the registered Home Workers was transferred on June 1st, 1931, from the London Society for Teaching and Training the Blind to the Norwich Institution for the Blind. Seven persons have been dealt with under this scheme. Arrangements have also been made for the boarding and employment of one worker in the Norwich Institution.

Population, Death Rate, and Deaths classified according to Diseases.

DISTRICT.	Population as estimated by R.G. for 1931.	Birth Rate.	Death Rate.	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Encephalitis Lethargica.	Whooping Cough.	Cerebro-Spinal Fever.	Diphtheria.	Influenza.	Tuberculosis of the Respiratory System.	Other Tubercular Diseases.	Syphilis.	General Paralysis of the Insane (Tabes Dorsalis)	Diabetes.	Cancer, Malignant Disease.	Cerebral Hæmorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhœa, etc. (under 2 years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis Acute & Chronic)	Puerperal Sepsis.	Other accidents and diseases of Preg. nancy & Parturition.	Congenital Debility, Malformation, inclg. Premature Birth.	Peptic Ulcer.	Violent Deaths, other than Suicide.	Senility.	Suicide.	Other Defined Diseases.	Diseases ill-defined or unknown.
Boroughs and Urban—																																							
Bury St. Edmund's	*16550	14·2	13·6	4							7	13	2		1	5	28	7	76		13	4	9	1		3	1	1	3	12			6	1	6		2	18	
Glemsford ...	1252	15 9	19·1								3						2	3	3		3	1	2					1					1		1	2		2	
Hadleigh ...	2929	12·5	15·3			1					3	2	1				8	3	9		1	4	3				1			1					4		2	2
Haverhill ...	3805	9·7	12·08				1				1	1					9	1	10		5		2						2	5			2		1		6	
Newmarket ...	9722	12·4	10·9							2		6	1		1		13	6	16		3	7	2	2		3			3	4			5	2	2	12	4	10	1
Sudbury	6962	15·5	15·8							1	15	3	1			2	15	5	22	1	13	3	5						1		1		1	3	2	7		10	
Totals ...	41220	13·5	13·5	4		1	1			3	29	25	5		2	7	75	25	136	1	38	19	23	3		6	2	2	9	22	1		15	6	12	25	6	48	3
Rural—																																							
Brandon	5602	15·7	12·1	1						1	3	2	1				10	2	13		2	1	3			1			3	5			4	3	1	6		6	
Clare	6919	10·8	13·5								4	1	2		1		17	3	30		7	6	2	1				1	2	6			1				1	9	
Cosford	9489	13·4	12 5								6	8	2		1		18	4	24		5	15	2						5	1			2		2	10	1	12	
Melford	11350	12·3	12·8	1							7	4	3			1	27	11	31		7	11	3	2			1	1	3	5		2	5	1	3	9		7	
Mildenhall ...	7802	13·9	14 2					1			8	5	2			4	8	12	25		7	4	2			1	1		3	5			4		2	6	1	7	
Moulton	1987	12·5	14·6								1	2					2	4	7				2	1		4	1				1		5	1		1		2	
Thedwastre ...	8031	13·7	15·8				1				4	9					23	8	43		3	1	7				1		2	7		1	1		3	2		11	
Thingoe	12840	16·5	14·2	1	2				1	1	7	8	1	1	1	3	25	6	49		11	6	7	3		1			2	5	1		10	2	4	4	1	19	
Totals ...	64020	13·6	13·6	3	2		1	1	1	2	40	39	11	1	3	8	130	50	222		42	44	28	7		7	4	2	20	34	2	3	32	7	15	38	4	73	
Grand Totals	105240	13·7	13 6	7	2	1	2	1	1	5	69	64	16	1	5	15	205	75	358	1	80	63	51	10		13	6	4	29	56	3	3	47	13	27	63	10	121	3

* For Birth Rate 16550. For Death Rate 16300.